

State Strategic Business Plan - Part 3

V. ACCESS

Statewide consistency regarding access to services is a critical component of the mental health/developmental disabilities/substance services reform effort. Access to services must be ensured to all individuals who are Medicaid-eligible and/or meet a target population as identified in the State Plan. Individuals who rely on public sector systems often lack resources to obtain services from complex systems and their disability(ies) affect their ability to pursue access. These individuals may require specialized supports to access the services they need.

Prompt access to services, supports and treatment is necessary to make the most of opportunities to address crisis and to initiate treatment when it is needed. Time standards related to crisis response, pre-admission screening, assessment and entry to ongoing services are established. Access systems must accommodate the needs of all persons, including those from different cultural backgrounds and with limited-English proficiency, as well as persons with mobility impairments. Services must be available within a reasonable distance of an individual's residence.

A. The Division will implement a uniform portal of entry and exit system.			
Objective	Task/Strategy	Outcome/Product	Completion Date
V.A-1 The Division will design the statewide system of uniform portal (standardized access to services).	a) Adopt standardized access criteria for use throughout the state, including: <ul style="list-style-type: none"> Ratio of designated access points per population and/or geographic area. Any restrictions as to type of agency/ location of designated access points. Minimum duties/responsibilities of initial access points. Any limits on other services/supports provided at access points. 	Access criteria approved and disseminated to LMEs, included in annual State Plan revision on local business plans.	Oct. 1, 2002
		MOA among all agencies participating in the DHHS I&A program signed with descriptions of relationship between the I&A system and each agency's specific access system.	July 1, 2006
		Waiting list policy and procedures approved and disseminated to LMEs, included in annual State Plan revision on local business plans.	April 1, 2003
	b) Determine interface between local access systems and the DHHS information & assistance program (I&A).	Standardized protocols to facilitate consistent access process approved and disseminated to LMEs and other stakeholders.	April 1, 2003
	c) Develop state policy and procedures regarding maintenance of waiting lists.	Tracking system operational.	July 1, 2003
	d) Develop standardized protocols for: <ul style="list-style-type: none"> Screening. Assessments, including risk-assessments and all assessment tools 	Rules submitted for permanent rulemaking.	July 1, 2003

	<p>approved for use in state.</p> <ul style="list-style-type: none"> • Referrals. • Prioritization of waiting lists. <p>e) Create database tracking system for uniform portal of entry and exit.</p> <p>f) Draft rules for implementation of uniform portal of entry and exit.</p>		
<p>V.A-2</p> <p>The Division will provide for a single statewide access point to work in tandem with local systems.</p>	<p>a) Develop specifications for statewide contract for uniform portal referral system.</p> <p>b) Provide information and technical assistance (TA) to LMEs to promote linkages with statewide contractor for uniform portal referral system.</p> <p>c) Develop technology to enable all parties (Division, LMEs and providers) to access data provided by statewide contractor, as appropriate.</p>	<p>Contract specifications completed and submitted for RFA development. [See I.D-1 (a).]</p> <p>Information and TA to LMEs available from the Division and the contractor.</p> <p>Real-time access data available to all appropriate parties.</p>	<p>Oct. 1, 2002</p> <p>July 1, 2003</p> <p>Jan. 1, 2004</p>
B. The Division will provide oversight of local access systems			
Objective	Task/Strategy	Outcome/Product	Completion Date
<p>V.B-1</p> <p>The Division will institute access system performance standards.</p>	<p>a) Develop performance indicators specific to system access based on population served and availability of non-LME providers in network.</p> <p>b) Monitor referrals to non-LME providers, as well as self-referrals, to determine if performance indicators are necessary.</p>	<p>Performance indicators included in quality management system for statewide reporting.</p> <p>Referrals outside of the network and self-referrals (in the cases of provider-LMEs) included in first and second year monitoring protocol. (Transition issue.)</p>	<p>July 1, 2003</p> <p>July 1, 2003 through June 30, 2005</p>
<p>V.B-2</p> <p>The Division will develop reporting procedures regarding access.</p>	<p>a) Develop quarterly reporting protocols and formats, including sanctions for not reporting or late reporting.</p> <p>b) Create an aggregate state access report.</p>	<p>Access reporting received quarterly and reported on statewide tracking reports. Sanctions for not reporting or late reporting included in annual State Plan revision.</p>	<p>Oct. 1, 2003</p>

VI. SERVICE MONITORING AND OVERSIGHT: QUALITY MANAGEMENT

Development of a quality management system is one of the fundamental building blocks of mh/dd/sas reform. The Division must ensure the health, safety and welfare of all service recipients and must create a system of continuous quality improvement at all levels. In order to be effective, the quality management system must integrate and analyze information from multiple sources and functions within the organization, such as customer services, access, consumer advisory groups and programs, as well as external sources. Quality management processes in public systems must be accountable to all stakeholders, including funding sources, policymakers, participants and the general public. The system must report its findings, including the assessment of quality improvement activities in a state level report and via local report cards.

A. The Division will create and implement a quality management system			
Objective	Task/Strategy	Outcome/Product	Completion Date
VI.A-1 The Division will develop and execute a comprehensive quality management (QM) system focusing on continuous quality improvement.	a) Complete design of a multilevel, integrated quality management structure that provides consistency from the level of the individual consumer to the Division and is consistent with State Plan.	Internal QM structure designed fully and reported to LOC in a revised <i>Quality Management Plan</i> (included in <i>State Plan 2001: Blueprint for Change</i>). Design includes roles and responsibilities of consumers and specifies means for general citizen involvement.	Jan. 1, 2003
	b) Develop specific roles, responsibilities and qualifications for consumers and families in all components of QM system at all levels.	Memorandum of agreement among necessary agencies signed and designates responsibilities and relationships between/among the mh/dd/sas QM system and other participants.	Jan. 1, 2004
	c) Create mechanisms throughout QM structure that provide for citizen involvement.		
	d) Describe both internal and external components of the system, delineating the relationship between the two.	Technology necessary to support the QM system operational.	July 1, 2003
	e) Ensure that all data and technological systems support and facilitate operation of the QM process.	Quality assurance (QA) & quality improvement (QI) activities adopted, procedures delineated and published in State Plan revision.	July 1, 2003
	f) Designate specific QM activities required throughout the system, including but not limited to: <ul style="list-style-type: none"> • Monitoring for health safety and welfare. • Incident and death reporting. • Abuse, neglect & exploitation investigations. 		

	<ul style="list-style-type: none"> Monitoring use of physical and chemical restraints. 		
VI.A-2 The quality management system will be outcome-based.	<p>a) Identify all existing outcome tools and data collection efforts. Develop an integrated data set to measure the indicators regarding specified outcome domains consistent with State Plan.</p> <p>b) Finalize comprehensive outcome measures and pilot for reliability and validity.</p>	<p>Outcome measures approved and disseminated to all stakeholders.</p> <p>Reported in quarterly report to the LOC.</p> <p>Outcome measures tested and monitoring system initiated.</p>	<p>July 1, 2002</p> <p>Oct. 1, 2002</p> <p>July 1, 2003</p>
VI.A-3 The Division will develop performance indicators for all levels of the system to be included in the quality management process.	<p>a) Review current performance agreement to identify most robust data currently being collected and its utility to all parties.</p> <p>b) Develop performance indicators for those issues determined to most effectively measure the impetus of the reform effort, such as:</p> <ul style="list-style-type: none"> Access standards. Financial accountability measures. Resource equity. Efficacy of service delivery. <p>c) Incorporate performance indicators into comprehensive outcome measurement plan and pilot for reliability and validity.</p>	<p>Performance indicators approved and disseminated to all stakeholders.</p> <p>Reported in quarterly report to LOC.</p> <p>Performance indicators tested and monitoring system initiated.</p>	<p>Oct. 1, 2002</p> <p>Jan. 1, 2003</p> <p>July 1, 2003</p>
VI.A-4 The Division will develop measurement criteria for models of best practice to be included in QM system.	<p>a) Making use of Robert Wood Johnson/SAMHSA and other national tool kits (educational resources & communications materials), as appropriate, review & evaluate standards on person centered planning, cultural competence, assertive community treatment, psychiatric rehabilitation, case management and other models of best practice.</p> <p>b) Based on the review above, establish measurement criteria for models of best practices designated as performance indicators and</p>	<p>Initial measurement criteria for models of best practices adopted and included in first year implementation of monitoring system.</p>	<p>July 1, 2003</p>

	included in report cards.			
VI.A-5 The Division will develop a monitoring and oversight process as part of the QM system.	a)	Establish monitoring protocols for each level of the system: the individual consumer, provider, LME and state/Division. Describe the interface among all levels.	Monitoring protocols approved and reported in quarterly report to LOC. Qualifications and duties of monitors/auditors adopted and disseminated to all stakeholders.	Jan. 1, 2003 Jan. 1, 2003
	b)	Set qualifications and responsibilities of monitors/auditors.	Monitors/auditors recruited, trained and credentialed.	July 1, 2003
	c)	Credential monitors/auditors at all levels, including consumers and family members.	MOA coordinating state-level monitoring and oversight of local public and private system signed by all appropriate participants.	July 2003
	d)	Ensure coordination and collaboration with all other monitoring and oversight agencies to ensure non-duplication of effort and that any redundancy is intentional as a safeguard. Specifically work with Division of Facility Services (DFS) on issues pertaining to licensure review.	Revised <i>Quality Management Plan</i> includes recommendations regarding national accreditation. [See VI.A-1 (a).]	Jan. 1, 2003
	e)	Determine role of national accreditation within the Division's QM system.	Framework for reporting system using a report card methodology adopted and information and technical assistance on its operation available.	Jan. 1, 2004
	f)	Develop framework for report cards that includes results of monitoring against outcome measures and performance indicators in QM Plan.	The first year results of outcome measure/ performance indicator monitoring completed and report cards issued.	Oct. 1, 2004
	g)	Implement comprehensive outcome measurement/ performance indicator plan and issue initial report cards.		
VI.A-6 The Division will incorporate consumer rights, protections, appeals and grievances into the overall QM system.	a)	In collaboration with DHHS and the Governor's Advocacy Council on Persons with Disabilities (GACPD), finalize report on how to best consolidate and/or work with other advocacy and ombudsman efforts in state system.	Final report with recommendations on consolidation of advocacy/ombudsman efforts submitted to the Secretary. Upon approval by the Secretary, report added to the quarterly report to LOC.	Oct. 1, 2002 Jan. 1, 2003
	b)	Based on recommendations above, develop plan to provide a mh/dd/sa consumer protection system.	Plan for Division operated consumer rights and protection program	July 1, 2003

	Specifically address role, responsibilities and operational procedures for any internal (Division based) consumer rights and protection programs and how they interface with external advocacy programs.	completed with interface to external system and submitted to the Secretary.	
	c) Establish state policy with respect to requirements for consumer rights, protections, appeals and grievances at each level of the mh/dd/sa system.	Program operational. Revised <i>Quality Management Plan</i> includes state policy requirements regarding consumer rights, protections, appeals and grievances. Also included are procedures for arbitration and dispute resolution. [See VI.A-1 (a).]	Jan. 1, 2003 Oct. 1, 2003.
	d) Develop procedures for arbitration and dispute resolution for consumers and family members.	Information, educational materials, training and technical assistance packages available for all target audiences on consumer rights and protections as well as exercising the rights of full citizenship.	April 1, 2004
	e) Produce information and educational materials on consumer rights, protections, appeals and grievances for use throughout the state.		
	f) Create training and technical assistance materials to support LME and provider staff in assisting adult service recipients to exercise their full rights as citizens.	Practice guidelines and/or protocols for employing appropriate safeguards adopted and disseminated to all stakeholders.	July 1, 2004
	g) Establish new and effective consumer safeguards tailored to the requirements of a participant-driven system.		
B. The Division will promote a qualified workforce as a component of the quality management system.			
Objective	Task/Strategy	Outcome/Product	Completion Date
VI.B-1 The Division will establish competency requirements for all segments of the mh/dd/sa workforce.	a) Complete competency requirements for all staff levels, including disability specific criteria as necessary.	Revised competency document of State Plan inclusive of VII.B-1 (a) & (b) submitted to LOC.	Jan 1, 2003
	b) Ensure competency requirements are based on best practices and include appropriate professional certifications/licensure and performance standards.	Qualified prevention professional for substance abuse services adopted in rule. The applicability of a prevention specialist in other disability categories determined in revised competency document of State Plan. (See above.)	Dec. 1, 2002
	c) Adopt competencies for qualified prevention professional, specifically addressing national substance		

	abuse criteria. Determine if these competencies are relevant for all disabilities.		
VI.B-2 The Division will manage a comprehensive training and education strategy to support the new quality management system.	<p>a) Develop and maintain a mh/dd/sa competency, education and training system that is coordinated among system members and is based on best practices.</p> <p>b) Establish a staff development plan for state level staff to facilitate system reform.</p> <p>c) Create curriculum components necessary to support a competency- based system.</p> <p>d) Establish criteria/qualifications for faculty/trainers including inter-rater reliability.</p>	<p>An education and training plan for maintaining the competency-based system completed and added to the LOC quarterly report.</p> <p>Staff development activities targeted to state-level staff occurring and events reported in quarterly progress reports.</p> <p>Curricula developed and available through all appropriate public education and training venues across the state and qualified trainers conducting classes/events.</p>	<p>Jan. 1, 2003</p> <p>July 1, 2002 and ongoing</p> <p>Jan. 1, 2005</p>

VII. EVALUATION

Internal and external evaluation of the state mh/dd/sas system is fundamental to reform and must be based on outcomes and performance indicators that are comparable to those applied to other components of the system. The state system is accountable to executive and legislative policy makers and North Carolina taxpayers and therefore must widely publish results of evaluations and assessment. In a time of system reform, an assessment of both progress and impact of change must be included in any evaluations. The Division will participate in independent studies at the state and national level, as appropriate, and report the findings.

A. The Division will create capacity for self-evaluation within the Division.			
Objective	Task/Strategy	Outcome/Product	Completion Date
VII.A-1 The Division will conduct internal evaluations of state performance for public review.	a) Establish performance indicators for Division operations, plan implementation and progress in system reform, including such items as: <ul style="list-style-type: none"> • Meeting State Plan timelines. • Timely/accurate responsiveness to LMEs. • Indicators of prevention focus. • Statewide consistency in operations. • Decreased reliance on institutional services. 	State-level performance indicators adopted and tested for reliability and validity.	April 1, 2003
		Internal evaluation procedures adopted and implemented.	July 1, 2003
		Initial statewide system report card issued.	Oct. 1, 2004
	b) Design and implement a process for internal assessment of performance.		
	c) Present state-level system report card covering State Plan implementation, consumer outcomes and system reform.		
VII.A-2 The Division will create a methodology for conducting continuous quality improvement (CQI) for state operations.	a) Establish quality improvement policy and procedures specific to state performance.	Quality improvement process approved and operational.	Jan. 1, 2004
	b) Designate staff from all components of Division to engage in CQI process.		
B. The Division will participate in independent studies and assessments			
Objective	Task/Strategy	Outcome/Product	Completion Date
VII.B-1 The Division will participate in	a) Assess outcome/ performance measurements to ensure incorporation of sufficient	National publications continue to report on North Carolina's outcomes.	Ongoing

national studies and evaluations.	<p>data points to compare North Carolina's system with national benchmarks for state performance, including disability-specific comparisons. [See VI.]</p> <p>b) Pursue new studies being conducted around the country assessing reform efforts.</p> <p>c) Collaborate with universities and research organizations within North Carolina interested in developing research protocols to assess reform initiatives and state mh/dd/sa performance.</p>	Recommendations for participation in national and state studies on reform efforts included in quarterly report to the LOC.	Oct. 1, 2003 and quarterly thereafter, as applicable.
VII.B-2 The Division will explore opportunities for additional external review.	<p>a) Examine plausibility of obtaining national accreditation or certification as a state level agency in the field of mh/dd/sas.</p> <p>b) Explore the feasibility of retaining a national management research firm such as MGT, Public Consulting Group, Inc. (PCG), and/or Human Services Research Institute (HSRI) to conduct an evaluation of the reform effort as a follow up to the original studies conducted (pre-post methodologies).</p>	Recommendations for funding an external evaluation of the mh/dd/sas system over time included in the quarterly report to LOC.	Oct. 1, 2003
C. The Division will ensure adequate oversight of state contracts and grants.			
Objective	Task/Strategy	Outcome/Product	Completion Date
VII.C-1 The Division will create a performance based contracting system.	<p>a) Establish performance specifications for each contract and/or memorandum of agreement (MOA) entered into by Division.</p> <p>b) Develop contract/agreement management procedures consistent with DHHS policy and regulations.</p> <p>c) Conduct reviews and assess performance of individual contractors and incorporate into Division reporting process.</p> <p>d) Establish a review and</p>	<p>Performance based contract system instituted in the Division.</p> <p>Contract performance reviews conducted semi-annually.</p> <p>All MOAs reviewed and updated annually as appropriate and enforcement measures taken when necessary.</p>	<p>April 1, 2003</p> <p>Jan. 1, 2004</p> <p>Jan. 1, 2004</p>

	assessment process for all MOAs entered into by Division and work with Department to establish enforcement measures in rule.		
VII.C-2 The Division will evaluate the efficacy of statewide utilization management (UM).	<p>a) Develop criteria for measuring performance of the UM entity on an ongoing basis.</p> <p>b) Establish benchmarks/ performance indicators for utilization management functions over time, and compare state and local performance with the benchmarks.</p> <p>c) Analyze efficacy and cost-efficiency of state UM contractor and incorporate into Division reporting process.</p>	<p>Performance specifications and methods of measurement included in solicitation (RFA) and executed contract.</p> <p>UM functions assessed annually and state/local comparisons, as well as ratings of cost efficiency and effectiveness, available in report cards.</p>	<p>July 1, 2003</p> <p>Oct. 1, 2004</p>